

PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents
P.O. Box 1450
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(703) 746-4000**

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7590

04/16/2004

**Wolf, Greenfield & Sacks, P.C.
Federal Reserve Plaza
600 Atlantic Avenue
Boston, MA 02210-2211**

**Express Mailing Label No. EV292546965US
Date of Mailing: July 8, 2004**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/900,702	07/06/2001	Mark S. Aude	K0480/7005 JH	3951

TITLE OF INVENTION: TRAY FOR A COILED OPTICAL FIBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HYEON, HAE M	2839	385-135000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Wolf, Greenfield & Sacks,
P.C.**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

kSARIA Corporation

Wilmington, MA 01887

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

James M. Harifin, Jr. (Date) 7/8/04

James M. Harifin, Jr. Reg. No. 39,213

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/12/2004 JADD02 00000008 09900702

01 FC:2501 665.00 OP
02 FC:1504 300.00 OP
03 FC:8001 9.00 OP

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Express Mailing Label No. EV292546965US

Date of Mailing: July 8, 2004

DOCKET NO.: K0480.70005US00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark S. Aude, et al
Serial No: 09/900,702
Confirmation. No.: 3951
Filed: July 6, 2001
For: TRAY FOR A COILED OPTICAL FIBER

Examiner: Hae M. Hyeon
Art Unit: 2839

Mail Stop Issue Fee

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

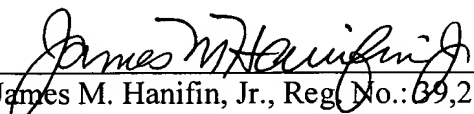
Transmitted herewith are the following documents:

- ☒ Part B - Issue Fee Transmittal
- ☒ Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

A check in the amount of \$974.00 is enclosed to cover the filing fee. If the fee is insufficient, the balance may be charged to Deposit Account 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,

By: 
James M. Hanifin, Jr., Reg. No.: 69,213
Shannon Pratt, Reg. No.: 55,548
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, Massachusetts 02210-2211
Telephone: (617)720-3500

Date: July 8, 2004
x07/16/04